MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043701 STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3625 Registrar's No. 161

FILED NOV 18 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1465 DATE AMENDED
2 11401
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: West Plains
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: West Plains Mem. Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Wright
c. CITY OR TOWN: Norwood
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. # 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Leo; Middle; Last Cooper

4. DATE OF DEATH: Month Nov. Day 5, Year 1963

5. SEX: male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3/30/1892

9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HR: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): Tennesee

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Cooper

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE: Julia Mable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Julia Mable Cooper Address: norwood Mo.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 16 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CEREBRAL ARTERIOSCLEROSIS
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1. ARTERIOSCLEROTIC HEART DIS. 2. ARTERIOSCLEROSIS GENERALIZED

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-13-63 to 11-5-63 and last saw her/him alive on 11-5-63
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jack H. Wilbur, M.D.

22b. ADDRESS: West Plains, Mo.

22c. DATE SIGNED: 11-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Remov'l

23b. DATE: Nov. 6, 1963

23c. NAME OF CEMETERY OR CREMATORY: ?

23d. LOCATION (City, town, or county) (State): Altus, Oklahoma

24. FUNERAL DIRECTOR ADDRESS: Craig-Hurtt F.H. Mtn. Grove, Mo.

25. DATE RECD. BY LOCAL REG.: 11-12-63

26. REGISTRAR'S SIGNATURE: Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ewell C. Terry

Licensed Embalmer No. 4766

P. O. Address Mtn. Grove,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.